

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

538877

APPLICANT(S)

FILING DATE

3-30-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5						
6						
7						
8	1		1			
9						
10						
11						
12						
13	1		1			
14		1		1		
15						
16						
17						
18	1		1			
19						
20						
21						
22						
23						
24	1		1			
25		1		1		
26	1		1			
27						
28						
29						
30						
31	1		1			
32						
33						
34						
35						
36	1		1			
37						
38						
39						
40						
41	1		1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10		10			
TOTAL DEP.	36	→	30	→		
TOTAL	46	→	40	→	40	→

IND.	DEP.	IND.	DEP.	IND.	DEP.	
61						
62						
63						
64						
65						
66						
67						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	132855	→	132855	→	132855	→